

# Power Play! Campaign School Activity Tracking Form

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Grade of students: ☐ fourth ☐ fifth ☐ other: \_\_\_\_\_

Activity Name	Completed?	Date	# of 9-11 y.o. students reached	Comments
1. 5 A Day Power Bingo	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
2. Secret Snack Pals	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
3. Fruit Kabobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
4. Fruit & Vegetable Scrambles	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
5. 5 A Day Power Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
6. Power Advertising	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
7. Power Play Score Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
8. Fix a Fun Family Meal	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
9. Power Search	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
10. Survey Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
11. Grow It At Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
12. Super Bowl of Fruit	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
13. Mini Salad Bar	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
14. Taste Testing Power Panel	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
15. Design a 5 A Day Power Meal	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
16. Rap-It 5 A Day	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
17. Supermarket Sleuth	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		

Please complete the questions on the back of this page.

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What changes, if any, did you notice in the children after completing the *Power Play!* activities (i.e. better attitudes about fruits and vegetables, eating more fruits and vegetables, etc.)?

Will you use the *Power Play!* materials again in the future? ☐ Yes ☐ No      Why or why not?

Please provide any additional information that you feel may be of interest or may assist another teacher in performing the above activities.

May we contact you for additional feedback? ☐ Yes ☐ No

**Return completed forms to (fax or mail):**

**Attn: Melodee Lopez, R.D.**

**San Bernardino County Department of Public Health**

**Nutrition Program**

**351 N. Mt. View Ave.**

**San Bernardino, CA 92415-0010**

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**Email: [mlopez@dph.sbcounty.gov](mailto:mlopez@dph.sbcounty.gov)**